

DRAFT MFP SUSTAINABILITY PLAN
Take Me Home, West Virginia
April 3, 2015

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MANDATORY ELEMENTS

Executive Summary

West Virginia launched its Money Follows the Person (MFP) initiative in February 2013. The West Virginia Bureau for Medical Services (BMS) plans to add key transition services demonstrated by the Take Me Home, West Virginia (TMH) program to two of its 1915(c) Waivers beginning in January 2018. As with the demonstration, the transition services anticipated as part of West Virginia's home and community-based service delivery system will target individuals with physical disabilities, Traumatic Brain Injuries and older adults. Waiver transition services will help address many obstacles faced by individuals transitioning from facility-based living to the community. The following transition services will be incorporated into the Aged and Disabled (ADW) and Traumatic Brain Injury (TBI) Waiver programs:

1. **Transition Coordination:** Transition Coordinators will work one-on-one with eligible Waiver members to assess their needs for transition services; develop individualized Transition Plans, and; facilitate the delivery of needed services and supports.
2. **Community Transition Support:** Community Transition Support includes non-recurring expenses necessary to support individual's transitioning from a long-term care facility to their own home in the community. Community Transition Support services are provided only to the extent that they are reasonable and necessary as determined through the Transition Plan development process. Allowable expenses may include but are not necessarily limited to: Security deposits for housing; Essential household furnishings; Set-up fees or deposits for utility or service access; Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; Assistive Technology and equipment necessary to promote health and safety and/or enhance independence; Moving expenses, and; Necessary home accessibility adaptations.

West Virginia plans to implement several new initiatives to enhance its home and community-based service delivery system prior to the conclusion of its Money Follows the Person Demonstration. These are outlined in the Optional Elements section of this Plan. Some of the areas targeted include: Online Case Management; Direct Service Workforce development; Access to services; Telehealth; Person-Centered Planning; Quality, and; Housing.

Stakeholder Involvement

To be completed.

Plan for continuing to support moving persons out of institutions

The state of West Virginia will continue to actively support moving persons out of institutions following the conclusion of its Money Follows the Person (MFP) demonstration program – Take Me Home, West Virginia (TMH). It is anticipated that transitions supported under MFP will end as of December 31, 2017 and that transitions supported through the state's 1915(c) home and community-based Waiver programs will begin January 1, 2018.

As with the demonstration, the transition initiative anticipated as part of West Virginia's home and community-based service delivery system will target individuals with physical disabilities, Traumatic Brain Injuries and older adults who:

1. Have resided in a nursing facility or hospital for at least 90 consecutive days;
2. Qualify for services and supports through either the Medicaid Aged and Disabled Waiver (ADW) or Traumatic Brain Injury (TBI) Waiver program, and;
3. Require Waiver transition services to safely and successfully transition from facility-based care to their own homes in the community.

Waiver Transition Services

Individuals wishing to transition from long-term care facilities to the community often face numerous obstacles including a lack of funds for rent and utility deposits, lack of basic household items and furniture, limited community supports, and no one to help develop comprehensive plans to transition home. The Waiver transition services will help address many of these barriers by providing a number of supports to promote successful and safe transitions to the community. The Waiver transition services are outlined below:

1. **Transition Coordination:** Transition Coordinators will work one-on-one with eligible Waiver members to assess their needs for transition services; develop individualized Transition Plans, and; facilitate the delivery of needed services and supports.
2. **Community Transition Support:** Community Transition Support includes non-recurring expenses necessary to support individual's transition from a long-term care facility to their own home in the community. Community Transition Support services are provided only to the extent that

they are reasonable and necessary as determined through the Transition Plan development process. Allowable expenses may include but are not necessarily limited to:

- a. Security deposits that are required to obtain a lease on an apartment or home (first month rent is not available);
- b. Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens, etc.;
- c. Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- d. Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
- e. Assistive Technology and equipment necessary to promote health and safety and/or enhance independence;
- f. Moving expenses, and;
- g. Necessary home accessibility adaptations.

Note: Peer Support services may also be made available to Waiver members. However, because it is just now being implemented as a TMH demonstration service, a final decision will not be made until we've had the opportunity to evaluate it fully.

Administrative Functions

It is anticipated that the following general administrative functions will be necessary to support Waiver transition activities:

1. Policy Oversight and Long-Term Services and Supports (LTSS) System Advocacy;
2. Technical Assistance and support for transition activities;
3. Technical Assistance and systems advocacy for housing-related issues;
4. Marketing and outreach;
5. Data management, and;
6. A Fiscal Management Service to support transition activities. This function is necessary to qualify providers of the one-time Transition Services, process payment of invoices, and enforce expenditure limits.

Demonstration Services

Attachment A provides information about TMH demonstration services and the state's decision to retain or delete the service post-MFP.

Administrative Staffing

Attachment B contains information about the current staffing of TMH and the state's plan for staffing transition activities post-MFP.

Plan for Using Rebalancing Funds

Over the last year, The Bureau for Medical Services (BMS) has been actively assembling data about the current LTSS environment and informally discussing LTSS reform options. BMS is now ready to engage additional resources to lead and increase internal planning, research, and analysis activities which will result in the development of a Strategic Plan to reform West Virginia's LTSS system. MFP rebalancing funds will be used to support this multi-phase initiative.

It is likely that several recommendations included in the LTSS Strategic Plan will require funding to implement. West Virginia plans to use any remaining Rebalancing dollars to implement these initiatives. Until specific reform initiatives are identified, we are unable to project expenditures. If any rebalancing dollars are available after the development of the Strategic Plan and implementation of specific LTSS reform initiatives, they will be used to fund additional slots in the ADW Program. Individuals accessing these slots will continue to be supported post-MFP.

Projected Timelines

It is anticipated that an amendment to the ADW and TBI Waiver programs to incorporate transition services will be prepared and submitted for CMS review by the Spring of 2017. Timelines for milestones and other major activities are represented in the below table:

Milestone/Major Activity	2015	2016	2017	2018	2019	2020
Long-term Services and Supports Work Group	June 2015 – December 2015					
Implementation of Targeted LTSS Work Group Recommendations		January 2016	---	---	---	September 30, 2020
Waiver Amendment Request	---	---	April 2017 (Submission)			
Waiver Policy Development (1)			April 2017 – October 2017			
Development of Risk Mitigation Policy for the Waivers (9)			April 2017 – October 2017			
Anticipated Waiver			July 1, 2017			

Amendment Approval						
Modify MMIS (2)			July 2017 – December 2017			
Telehealth Demo Planning (5)			July 2017 – December 2017			
Telehealth Demo Implementation (5)				January 2018	---	September 30, 2020
Housing Registry Purchasing (15)			July 2017	March 2018		
Housing Registry Development and Testing (15)				April 2018	March 2019	
Housing Registry Implementation (15)					April 2019	September 30, 2020
Projected Last Date for TMH Referrals	---	---	September 30, 2017			
Provider Training and Technical Assistance (3)			October 2017	---	---	September 30, 2020
Projected Last Date for TMH Transitions	---	---	December 31, 2017			
Implementation of Transition Service in Waivers	---	---	---	January 1, 2018 (Effective)		
No Wrong Door (6)				January 2018	---	September 30, 2020
Direct-Service Workforce Development (PEL) (11)				January 2018	---	September 30, 2020
Housing search guidelines and resources Development (16)				January 2018 – June 2018		
Housing search guidelines and resources Implementation (16)				July 2018	---	September 30, 2020
Resources for housing industry to enhance awareness of disability issues Development (17)				January 2018 – June 2018		
Resources for housing industry to enhance awareness of disability issues Implementation (17)				July 2018	---	September 30, 2020
Online Waiver Case Management System Purchasing (7)				April 2018 – December 2018		
Online Waiver Case					January	

Management System – Development and Testing (7)					2019- June 2019	
Online Waiver Case Management System Implementation (7)					July 2019	June 2020
Person-Centered Planning Material Development (8)				July 2018 – December 2018		
Person-Centered Planning Training (8)					January 2019	September 30, 2020
DSW Marketing Campaign Development (13)				July 2018 – December 2018		
DSW Marketing Campaign Implementation (13)					January 2019	September 30, 2020
Supervisory Practices DSWs Development (14)				July 2018 – December 2018		
Supervisory Practices DSWs Implementation (14)					January 2019	September 30, 2020
Housing resources and materials for those supporting transitions Development (18)				July 2018 – December 2018		
Housing resources and materials for those supporting transitions Implementation and Dissemination (18)					January 2019	September 30, 2020
Integrated Quality Management system (19)				January 2018	---	September 30, 2020
Realistic Job Preview video (12)				July 2018	---	July 2020
PC Self Direction (4)					April 2019	September 30, 2020
Employment Toolkit Development (10)					April 2019 – October 2019	
Employment Toolkit Training (10)					October 2019	September 30, 2020
Conversion of Staff to Alternate Funding	---	---	---	---	---	September 30, 2020

Note: The numbers in parentheses correspond to the numbered initiatives listed in the Optional Elements Section of this Plan.

Estimated Budget Summary

To be completed.

OPTIONAL ELEMENTS

Home and Community-Based Services

1. Support Medicaid Policy Managers and Waiver Operating Agency staff to develop and implement policies and procedures necessary to operationalize transition activities in the Waiver programs.

The Aged and Disabled Waiver (ADW) and Traumatic Brain Injury (TBI) Waiver Chapters of the West Virginia Medicaid Provider Manual will need to be revised to reflect policies and procedures related to the delivery of transition services. Take Me Home, West Virginia (TMH) staff will work with Medicaid's Office of Home and Community-Based Services and staff of the Waiver Operating Agencies to draft the new policies and procedures and submit them for internal review and approval. TMH staff will initiate this process in April 2017 to ensure that approval is obtained by October 2017. Once the policy has been approved, potential ADW and TBI Waiver providers must then be trained on the service delivery requirements prior to the implementation of the transition services planned for January 2018. We will be requesting no funding for activities under this initiative.

2. Modify MMIS as needed to process claims and meet CMS reporting requirements.

The West Virginia MMIS will need to be modified to collect and accurately report data for the 64 and 372 reports post-MFP. Modifications will be necessary to:

- 1) Incorporate the new Waiver transition service codes beginning in January 2018, and
- 2) Modify MFP service codes allowing enough time for billing and adjustments to be processed.

We will be requesting funding for 2017 under the contractual budget category to cover anticipated costs for incorporating Waiver transition codes to be used effective January 2018. We will also be requesting funds for 2020 under the contractual budget category to adjust existing MFP-specific reporting logic. BMS will assume responsibility for MMIS modifications post-MFP.

3. Develop and implement a comprehensive training and technical assistance program for Waiver provider agencies and nursing facility staff regarding the transition process and Waiver policies and procedures.

Once the policies and procedures for the Waiver transition services have been approved (October 2017), ADW and TBI Waiver providers will need to be informed of the new service requirements prior to the implementation of the service (January 2018). TMH staff will work collaboratively with BMS's Office of Home and Community-Based Services and Operating Agency staff to schedule and conduct at least 4 regional meetings between October and the end of December 2017 to present the new policies and procedures to Waiver provider agency staff. We will be requesting funding for the anticipated expenses for these regional trainings which will be incorporated into the 2017 contractual budget category.

TMH also plans to sponsor monthly information calls beginning in January 2018 allowing provider agencies to address questions and concerns directly with Medicaid and Operating Agency staff. This strategy has been utilized in the past when new programs and services have been introduced and has proved very effective. We will be requesting funding for 2018 under the contractual budget category for the information calls.

TMH staff will continue to provide one-on-one technical assistance and support to Transition Coordinators and other partners of the transition process through September 2020. Funding for travel and overnight accommodations to support these activities will be requested under the contractual budget category for 2018, 2019 and 2020. The Bureau for Medical Services (BMS) Office of Home and Community-Based Services and its Operating Agencies will be responsible for ongoing provider training and technical assistance support post-MFP.

There will also be a need to inform long-term care facilities, advocates and other stakeholders that transitions through TMH will end as of December 31, 2017 and that transition services will be incorporated into the ADW and TBI Waiver programs effective January 2018. TMH will develop information materials outlining service definitions, eligibility requirements, referral processes, etc. An audience-specific communication plan will be developed detailing specific strategies for disseminating this information. We will be requesting funding for 2018 under the contractual budget category to support these activities.

4. Design and implement self-direction into the State Plan Personal Care Program.

Self-direction is an important goal for many individuals receiving long-term services and supports and is currently an option in all three of West Virginia's 1915(c) Waiver programs. West Virginia plans to explore strategies and design a program for including self-direction in the State Plan Personal Care program. We will be requesting funding for 2019 under the contractual budget category to procure the services of a subject expert consultant to facilitate the development of a design for the State Plan Personal Care Self-Directed program. We will also be requesting funding for 2020 under the contractual budget category for the development and implementation of a payroll system and web portal necessary to support employees of those members choosing to self-direct. Once implemented, the responsibility for operations and related costs will be assumed by BMS and its operating agencies.

5. Design and implement a project to demonstrate the effectiveness and efficiency of telehealth in the delivery of home and community-based services in hard to serve or underserved areas of West Virginia.

Numerous studies have indicated that home telehealth can provide closer monitoring, reduce hospitalizations and emergency department visits, improve daily living skills, increase home care providers efficiencies and reduce costs. West Virginia is requesting funding to develop and implement a pilot telehealth demonstration project to evaluate the use of remote monitoring and home-video-visits in its three (3) 1915(c) Waiver programs.

Funding is being requested in 2017 to support a technical assistance consultant and a project design team consisting of subject matter experts and other stakeholders who can inform the initiative. The design group, which will meet at least 10 times between July and December 2017, will identify research questions, project scope and project methodology. Some of the research questions that will be considered include:

- 1) How is the participant's satisfaction with home and community-based services impacted?
- 2) Is there an impact on the rate of Nursing Facility placement?
- 3) Is there an impact on the number of hospital days and costs?
- 4) Is there an impact on the number of emergency room visits and costs?

Once completed, the pilot design, including scope, methodology, evaluation and budget will be submitted to CMS for review. Funding is being requested in 2018 through 2020 under the contractual budget category for ongoing support of the technical assistance consultant and to implement and evaluate the pilot.

6. Enhance access to West Virginia's long-term services and supports system.

The Administration for Community Living (ACL) may or may not fund the implementation of the strategic plan currently being developed with the No Wrong Door Planning Grant awarded West Virginia in September 2014. The 3-year strategic plan and budget is due to ACL by September 30, 2015. We will be requesting funding for 2018, 2019, and 2020 under the contractual budget category to implement specific initiatives of the strategic plan if Federal funds are not otherwise available. Some anticipated elements of the strategic plan for which these funds may be used include:

- 1) Establish formal linkages with the key entities likely to refer individuals for community LTSS (critical access points), including nursing homes, information and referral entities, acute care systems, and Veterans Administration (VA) medical centers.
- 2) Integrate principles of person-centered counseling in NWD system. part of the existing ADRC grant goals and objectives is to integrate person-centered planning principles into the ADRN. Additional funds could support the expansion of education/training of person-centered planning principles to consumers, their families, and staff of critical access points.
- 3) Streamline access to community LTSS:
 - a. Train NWD person-centered counselors to help prepare applications for publicly funded community LTSS,

- b. Develop electronic records that track consumer-level data; integrate medical information and information on community LTSS; and minimize the likelihood that individuals will need to tell their story repeatedly,
- 4) Establish measures and tools to document and improve the operation, capacity, performance, and outcomes of the NWD system.

If Federal funds are not otherwise available to implement specific elements of the No Wrong Door Strategic Plan, recommendations for specific initiatives to be supported with approved Sustainability funds will be sought from both the TMH Advisory Council as well as the ADRC Advisory Council and submitted to CMS for review.

Person centered planning and service delivery

- 7. Implement an online Waiver Case Management tool that supports person-centered planning principles and practice and is linked to medical eligibility and quality data infrastructure.

We will be requesting funding for 2018 under the contractual budget category to support the procurement and implementation of an online Waiver Case Management System that:

- 1) Supports principles of person-centered planning;
- 2) Provides a warehouse of data that supports and enhances the state's home and community-based services Quality Improvement System, and;
- 3) Results in a more effective and efficient service delivery system.

The one-time service cost, which would include implementation and training, will be requested for 2018 under the contractual budget category. One year of annual costs, which would include licenses, hosting, maintenance, upgrades, and disaster recovery, will be requested in 2018 into 2019 under the contractual budget category. BMS will assume responsibility for annual expenses thereafter.

- 8. Develop and implement an information campaign about CMS's expectations for Person-Centered Planning and settings rule requirements 1915(l) using varied methods including meetings, workshops, webinars and other media that target populations such as individuals receiving HCBS, families and friends, guardians, LTSS critical access point staff and HCBS providers.

The Centers for Medicare and Medicaid Services (CMS) has issued rules specifying that service planning for participants in Medicaid Waivers must be developed through a person-centered planning process that addresses needs in a manner that reflects individual preferences and goals. CMS 2249-F and CMS 2296-F require that the person-centered planning process be directed by the individual with long-term support needs and may include representatives whom the individual has freely chosen to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences,

including those related to community participation, employment, income and savings, health care and wellness, education and others.

We will be requesting funding for the development (beginning in July 2018) and implementation of three distinct information campaigns (beginning January 2019) about CMS's expectations for Person-Centered Planning and settings rule requirements that target:

- 1) Individuals receiving HCBS, their families and advocates;
- 2) HCBS Waiver and State Plan Personal Care providers, and;
- 3) LTSS critical access point staff.

West Virginia intends to collaborate with the National Resource Center for Participant-Directed Services (NRCPPDS) for this initiative. The NRCPPDS collaboration will include material development as well as technical assistance for the design and implementation of the three information campaigns. Materials will include those adopted specifically for person-centered planning strategies for older adults and people with disabilities. We will be requesting funding to support the collaboration with the NRCPPDS for this initiative beginning in July 2018 under the contractual budget category. We will be requesting funding for the implementation of the 3 information campaigns beginning in January 2019 (through September 2020) in the contractual budget category. We will also be requesting funding for 2019 and 2020 under the contractual budget category to provide stipends for HCBS provider staff to support their participation in the training. The informational materials will be made available to all interested parties via the online resource database maintained by the West Virginia Aging and Disability Network post-MFP.

9. Incorporate risk mitigation strategies and 24-hour emergency backup plans into the Waiver Service Planning process (based on those developed by West Virginia MFP).

The risk analysis and mitigation planning process used by TMH will be incorporated into the state's home and community-based service programs. It is anticipated that this will be accomplished when Medicaid policies are revised to include the transition services (see above timeline). Training on new policy and procedure requirements, as well as the importance of risk analysis and planning will be incorporated in the provider training beginning in October 2017. The BMS Office of Home and Community-Based Services and its Operating Agencies will be responsible for ongoing policy, procedure and technical assistance support. We will be requesting no funding for activities under this initiative.

Implement or improve employment supports for people with disabilities

10. Develop and implement information campaigns to assist individuals with disabilities, their families and service providers in understanding the benefits of employment, funding resources, job opportunities and organizations that can assist them.

Employment is a critical component in community living. Employment provides individuals with the means to improve their financial stability, contribute to their community, and interact socially with others. We will be requesting funding for 2019 under the contractual budget category to develop “Employment Toolkits” and dissemination campaigns targeting people with disabilities as well as HCBS providers. Beginning in April 2019, TMH staff will work in collaboration with the MFP Technical Assistance Contractor and state stakeholders to develop the Toolkits and information campaigns.

Some of the information in the Toolkit targeting people with disabilities and their families will include:

- 1) Benefits of employment
- 2) Overview of available services and supports
- 3) Sample interview questions
- 4) Benefits counseling
- 5) Examples of successful employment outcomes

Some information in the Toolkit targeting HCBS providers will include:

- 1) Person-centered methods for identifying individual knowledge, skills and abilities; job interests; transferable skill sets, work history and job training/preparation needs
- 2) Instruction for assessing employment interests and skills
- 3) Methods for identifying needs for accommodations, community companions, job support coaches, etc. to support beneficiaries in their transition to work

Funds will be requested in 2019 and 2020 under the contractual budget category to produce print materials and implement the campaigns. The information will be made available to HCBS providers and other interested entities via the online resource database maintained by the West Virginia Aging and Disability Network post-MFP.

Increase the DSW supply and quality

The Bureau of Labor Statistics projected demand for health care support to grow 28.1 percent between 2012 and 2022. The direct service industry competes for available workers with other industries that offer better wages, better benefits and better working conditions. West Virginia proposes the following initiatives to enhance the supply and quality of the available direct-care workforce.

11. Support further development of the training and certification program developed via the West Virginia Partnership for Elder Living (PEL).

The West Virginia PEL has been in a collaborative relationship with the West Virginia Department of Education's office for Health Science Education in the Career and Technical area. The focus of this collaboration has been the development of a 100 hour training program for high school students that leads to a certificate in Direct Care. Those with this certificate are the best trained direct-care workers in the state.

The program is now poised to move into adult education. TMH can play an important role in supporting the further development of this program by:

- 1) Promoting the availability of the certification training program among job training, placement, HCBS provider agencies, and;
- 2) Sponsoring 40 trainees per year to participate in the certification training.

We will be requesting funding to promote the availability of the PEL certification training program and to provide sponsorships for qualified candidates. We will be requesting funding for 2018, 2019, and 2020 under the contractual budget category for costs of advertising and trainee sponsorships. PEL will continue responsibility for ongoing support and operations of the training certification program post-MFP.

12. Develop and distribute realistic job preview videos for use by HCBS providers.

Realistic Job Previews (RJPs) can be very effective in assisting organizations in the recruitment and retention of employees. One of the risks organizations face in recruiting staff is the mismatch between pre-employment expectations on the part of a prospective employee and the reality of working life inside the organization. This "reality shock" can lead to high rates of staff turnover, particularly in the direct-care field. By presenting both positive and negative aspects of the job prior to employment, HCBS direct-care provider agencies can minimize the gap between applicant expectations and job realities, thus reducing turnover and improving employee satisfaction.

TMH plans to develop two (2) Realistic Job Preview videos. One will target direct-service jobs supporting individuals with intellectual and developmental disabilities while the second will preview direct-care jobs supporting older adults and individuals with physical disabilities. We intend to seek support from the MFP Technical Assistance Contractors in July 2018 to assist in the development, implementation and evaluation of the project. We will be requesting funding for 2018 under the contractual budget category to support 6 meetings over a three (3) month period beginning in July 2018 to ensure stakeholder involvement in the design of the project. We are requesting funding to cover costs to produce the video beginning in October 2018 and for project evaluation to be completed by July 2020. We will also be requesting funding to purchase a DVD replicator to facilitate broad dissemination of the video. The video will be made available to HCBS providers and other interested entities via BMS website and the online resource database maintained by the West Virginia Aging and Disability Network post-MFP.

13. Establish a marketing and awareness campaign to inform West Virginians of the contributions of the Direct-Service Workforce (DSW).

West Virginia intends to develop an information campaign to promote a positive image of the direct-care service profession featuring a video that can be used at high school career days, job

fairs, employment agencies, technical colleges and college placement offices, etc. We intend to seek support from the MFP Technical Assistance Contractors to assist in the development, implementation and evaluation of a comprehensive marketing and information campaign. We will be requesting funding for 2018 under the contractual budget category to support stakeholder involvement in the project design, costs to produce the video and project evaluation. We will be requesting funding for 2019 and 2020 under the contractual budget category to produce and distribute print campaign materials. The video and informational materials will be made available to HCBS providers and other interested entities via the online resource database maintained by the West Virginia Aging and Disability Network post-MFP.

14. Develop and implement an education/training program on effective supervisory practices in the direct-service field.

The importance of supervisors to the retention of direct care workers cannot be overstated. Research shows that one of the most significant factors indicated by direct-care workers as important to job satisfaction is effective working relationships, especially with their supervisors. We intend to seek support from the MFP Technical Assistance Contractors to assist in the development and implementation of education and training materials including a training video that can be distributed to HCBS provider agencies. Specifically, we will be requesting funding for 2018 under the contractual budget category to support stakeholder involvement in the training design, costs to produce the video and develop the training materials and project evaluation. We will be requesting funding for 2019 and 2020 under the contractual budget category to produce and distribute the training materials. We will also be requesting funding for 2019 and 2020 under the contractual budget category to provide stipends for direct-care supervisory staff to participate in the training. The video and print materials will be made available to HCBS providers and other interested entities via the online resource database maintained by the West Virginia Aging and Disability Network post-MFP.

State's efforts to develop an adequate supply of accessible, affordable housing

15. Develop a Housing Registry/Clearinghouse that allows landlords, property owners, and property managers to identify the type of housing they have available at their various properties, whether they be single-family scattered site structures or a multi-unit complex.

West Virginia intends to collaborate with the West Virginia Housing Development Fund and other stakeholders to create and promote a statewide housing registry. The Housing Development Fund has expressed an interest in the project and agrees that the project would benefit the housing market, developers, builders, landlords, as well as tenants. The Housing Development Fund will maintain involvement as an interested stakeholder, providing input into the development of the project. TMH will also involve other housing stakeholders in development through its Housing Committee.

It is anticipated that the project will be bid in July 2017 with a projected bid selection by April 2018. Development and testing will follow until implementation of the resource in April 2019. We will be requesting funding for 2018, 2019, and 2020 under the contractual budget category.

The resource will then be sustained with assistance through the Housing Coordinator that remains post-MFP.

16. Develop informational materials and a training program on “How to be a Good Tenant”.

According to our housing stakeholders, informational materials and training on “How to be a Good Tenant” could lead to more landlords being willing to accept Housing Choice Vouchers and other rental subsidies. TMH plans to collaborate with MFP Technical Assistance Contractors, public housing authorities and advocacy groups across the state to develop the informational materials and design the training. We will be requesting funding under the contractual budget category to develop the training materials and resource documentation to begin in January 2018. We will be requesting funds under the contractual budget category to implement the training beginning in July 2018. Training materials and resource documents would be housed online through the West Virginia Housing Registry web resource (listed above).

17. Develop resources for housing providers, developers, builders, etc. to further their understanding of the needs of persons with disabilities and those leaving a facility who wish to remain in the home as long as possible.

TMH plans to collect, compile and develop materials to describe the complex needs of individuals with chronic health conditions and those transitioning from a long-term care facility. Concepts such as Housing First and Universal Design will be developed in order to expand developer and builder knowledge of modifications to structure and policy that can increase access. Housing Committee members and other housing stakeholders will be involved in the collection and development of these materials. We will be requesting funding for 2018 under the contractual budget category to develop the materials. We will also be requesting funding under the contractual budget category to support activities of the Housing Coordinator to disseminate this information through local and state trade shows and related events attended by builders, developers and other housing providers. These resources will be housed on the Registry web resource (described above).

18. Develop a comprehensive housing training program and materials for individuals assisting in the transition process.

There is a knowledge and understanding gap that exists between housing providers and social service providers. TMH will work to address this lack of knowledge of housing related issues faced by individuals transitioning from facilities, their families and other support staff by developing an online information resource. This resource will provide essential information about how to navigate the complex world of locating rental housing, applying for subsidies, and understanding housing rights and responsibilities. We will be requesting funding for 2018 under the contractual budget category to develop resources and training materials beginning July 2018. We will be requesting funding for 2019, and 2020 under the contractual budget category to implement and disseminate the training beginning in January 2019. We will also be requesting funding under the contractual budget category to support activities of the Housing Coordinator to provide outreach, education and dissemination of resource materials to various social service entities including, but not limited to, facility and HCBS staff. The resources will be housed on the state’s Housing Registry web resource.

State efforts to support state of the art quality improvement systems for HCBS

19. Develop and implement an integrated Quality Improvement System for the state's Waiver and State Plan Personal Care programs consistent with the National Quality Strategy and Six Measure Domains.

West Virginia currently has separate and distinct Quality Improvement Systems (QIS) for each of its 1915(c) Waivers and State Plan Personal Care Program. We will be requesting funding for a Quality Management Specialist position for 2018, 2019 and 2020 in the contractual budget category. The Quality Management Specialist will work with staff of BMS's Office of Home and Community-Based services to integrate these disparate systems into a more cohesive, efficient and effective structure. The Quality Management Specialist will be responsible for overseeing the implementation of the online Waiver Case Management System, which will serve as the cornerstone of the QIS.

Additionally, the Quality Management Specialist will be asked to identify and implement initiatives that look at LTSS across facility-based and HCBS settings. For example, the development of quality measures that can evaluate quality and long term outcomes across settings will be explored. The responsibility for the ongoing QIS will be assumed by BMS and its Operating Agencies post-MFP.

ATTACHMENT A - TMH DEMONSTRATION SERVICES

DRAFT - APRIL 3, 2015

TRANSITION NAVIGATION
Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
Transition Navigators: <ul style="list-style-type: none"> • Work one-on-one with Take Me Home participants; • Assess participant's needs for services and supports; • Develop individualized Transition Plans; • Facilitate the delivery of needed services and supports, and; • Support each participant for one year after their transition to the community. 	Older Adults, People with Disabilities and people with TBI	Yes	No	1915©	Spring 2017	

COMMUNITY TRANSITION SERVICE

Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
Community Transition Services are one-time services needed for the transition from a facility-based setting into a community based setting. These services may include moving expenses, security and utility deposits, essential and basic household furnishings, initial food supplies, and home accessibility modifications necessary to improve independence and promote safety.	Older Adults, People with Disabilities and people with TBI	Yes	Yes	1915(C)	Spring 2017	The service definition will be revised to ensure as much flexibility as possible for participants to purchase other goods and services such as assistive technology to help promote a safe and successful transition to the community.

TMH GOODS and SERVICES
Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
Goods and Services are equipment, services or supplies not otherwise provided through the Medicaid State Plan that address an identified need in the Take Me Home participant's Transition Plan. These goods and services can provide a wide range of support, including the purchase of assistive technology and home modifications that can significantly enhance the opportunity for Take Me Home participants to live independently in the community.	Older Adults, People with Disabilities and people with TBI	Yes	Yes	1915(c)	Spring 2017	Goods and Services will not be continued as a discrete Waiver Community Transition Service. However, the definition of Community Transition Services will be revised to allow for as much flexibility as possible in providing items currently purchased under the Goods and Services category.

EXTENDED DIRECT-CARE – HANDS ON

Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
This service provides Take Me Home participants the opportunity to “extend” the usual service limits for certain Medicaid Waiver and State Plan services for which they are eligible. This may include, for example, more direct-care service per month than is currently available through the Medicaid home and community-based Waiver programs.	Older Adults, People with Disabilities and people with TBI	No	NA	NA	NA	The decision not to continue this service is based on 1) limited utilization in the demonstration program, and 2) budget constraints.

EXTENDED DIRECT-CARE – PRE-TRANSITION CASE MANAGEMENT

Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
<p>Waiver Case Managers play an integral role in the transition process by ensuring that Waiver services are in place day one of the participant's transition to the community. CMs can:</p> <ul style="list-style-type: none"> • Participate in the transition planning process; • Conduct the appropriate Waiver Member Assessment; • Complete the required Waiver Service Plan; • Facilitate the completion of the ADW RN Assessment and Plan of Care; • Establish or verify financial eligibility for Medicaid; • Enroll the TMH participant in the Waiver. 	Older Adults, People with Disabilities and people with TBI	No	NA	NA	NA	

EXTENDED DIRECT-CARE – PRE-TRANSITION RN ASSESSMENT

Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
To ensure that Aged and Disabled Waiver and/or Personal Care services are in place the first day the participant returns home, the ADW and/or PC direct-care provider agency must conduct an RN Assessment and develop a Plan of Care. It is the responsibility of the ADW Case Manager and State Plan Personal Care RN (if applicable) to ensure that the assessment is completed and the Plan of Care developed.	Older Adults, People with Disabilities and people with TBI	No	NA	NA	NA	It is anticipated that nursing and other assessments conducted as part of nursing facility care planning can be used to develop initial Plans of Care for home and community-based services.

EXTENDED DIRECT-CARE – PEER SUPPORT

Take Me Home, West Virginia

Demonstration Service

Service Definition	Target Population	Will The Service be Continued Post MFP?	Will The Service Definition Be Revised?	Under Which Medicaid Authority Will The Service Be Provided?	Timeframe For Amendment?	Comments
PSS is a community-based service for adults age eighteen (18) and older who have a mental illness or a substance abuse disorder. PSS provides activities that promote recovery, self-determination, self-advocacy, and enhancement of community living skills. PSS is an individualized, recovery-focused service, based on a relationship of mutuality that allows the individual an opportunity to learn to manage his or her own recovery.	Older Adults, People with Disabilities and people with TBI	Yes	Yes	1915©	Spring 2017	Peer Support is just now being implemented as part of the Take Me Home demonstration program. A final decision as to whether it will be continued as a Waiver transition service will be made after the state has had the opportunity to evaluate it fully.

ATTACHMENT B - ADMINISTRATIVE STAFFING

DRAFT - APRIL 3, 2015

DIRECTOR

TAKE ME HOME, WEST VIRGINIA

Job Description

Reporting to the Deputy Commissioner for Policy, this individual serves as the principal contact for the grant and has overall responsibility for project planning and management in conformance with the terms of the grant. Principal duties include:

1. Oversee curriculum development, training, and ongoing support for transition service Navigators.
2. Maintain broad stakeholder involvement and collaborative relationships with key partners
3. Oversee targeting and recruitment of participants
4. Direct day to day project operations
5. Monitor achievement of project goals and coordinate with departmental staff in maintaining IT and QA systems, and
6. Contract Compliance

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	No	Budget constraints	NA	September 2020	Duties of LTSS systems advocacy and oversight of transition activities post-MFP will be assumed by Department and Bureau leadership including the Deputy Commissioner for Policy, the Director of Facility-Based Services and the Director of the Office of Home and Community based Services.

ASSISTANT DIRECTOR

TAKE ME HOME, WEST VIRGINIA

Job Description

Principal duties of the Take Me Home Assistant Director include:

1. Provide supervision to Transition Manager
2. Process Intakes for program eligibility determination
3. Provide and Develop Technical Assistance to various partners
4. Monitor and Track participant HCBS eligibility status and NH Level of Care
5. Monitor and Track 24 Hour Emergency Backup Plan utilization
6. Monitor and Track participant re-institutionalizations
7. Provide technical assistance to HCBS Providers
8. Review and process Transition Plans
9. Quality Committee Lead
10. Develop program guidelines and procedures
11. Authorize demonstration services in the Molina system

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	Yes	NA	Medicaid Administrative Funds	September 2020	Current duties of the Assistant Director will be combined with the Transition Manager position post-MFP

HOUSING COORDINATOR
TAKE ME HOME, WEST VIRGINIA

Job Description

Reporting to the Director for the Take Me Home Program, the Housing Coordinator has responsibility for program issues related to housing:

Principal duties include:

1. Management of Implementation Activities
2. Coordinates the development of policies, procedures and/or rules: works with HUD- funded housing authorities and other resources throughout West Virginia and secures affordable and accessible public housing
3. Resolves housing related problems among consumers, creates procedures, goals and objectives for individuals transitioning from nursing homes into the community through the Take Me Home Program
4. Conducts studies of housing issues (e.g., affordability, accessibility, analyses collected data)
5. Recommends corrective action plans and/or implements solutions; reviews monitors and interprets state, local, and federal regulations, (i.e. zoning codes, building codes, laws, policies and plans pertaining to housing for adults with disabilities (e.g.) funding program, fair housing
6. Ensures that the housing committee meets regularly as scheduled and that appropriate minutes are taken and stakeholder's concern and questions are addressed.

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	Yes	NA	Medicaid Administrative Funds	September 2020	

DATA/FINANCE ANALYST
TAKE ME HOME, WEST VIRGINIA

Job Description

The Finance/Data Analyst reports to the Take Me Home Director. Principal duties include:

1. Manage all Take Me Home accounting and financial reporting requirements.
2. Interpret/translate program reporting needs into data elements.
3. Assist the Director in meeting all required internal, state and federal reporting, tracking and data management, including management of MFP benchmarks and data integrity.
4. Complete required MFP financial and Program reports as needed.
5. Design and implement management information systems related to long-term care services and the MFP grant.
6. Support the activities of the Take Me Home Quality Improvement System.
7. Perform other Take Me Home duties as assigned.

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	No	Budget constraints	NA	September 2020	

TRANSITION MANAGER
TAKE ME HOME, WEST VIRGINIA

Job Description

Responsible for the day to day technical assistance and support of Transition Navigators. Principal duties include:

1. One-on-one support of Transition Navigators.
2. Support the Quality Committee to identify system issues/barriers to successful transitions and develop recommendations for Program and/or systems change.
3. Monitor Transition Navigator compliance with established Program processes and procedures.
4. Support in establishing Program eligibility, authorizing demonstration services, processing required forms, etc.
5. Serve as a liaison and Promote relationships between Transition navigators and key partners of the transition process.
6. Support the activities of the Take Me Home Advisory Council.

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	Yes	NA	Medicaid Administrative Funds	September 2020	Current duties of the Transition Manager will be combined with the Assistant Director position post-MFP

ADMINISTRATIVE ASSISTANT
TAKE ME HOME, WEST VIRGINIA

Job Description

The administrative assistant serves as supportive staff for the Take Me Home- MFP Program. Principal duties include:

1. Maintaining office co-ordination: maintaining co-ordination and link between the department/person and the rest of the office.
2. Arranging meetings and other gatherings
3. Creating and maintaining office documents such as invoices, reports, etc.
4. Accompanying staff to conferences and meetings: administrative assistant should accompany the employer to meetings and conferences both outside and inside of the office. They are then required to make an account of the happenings and improvements.
5. Overall office keeping: administrative assistant has to maintain the inflow and outflow of goods (food, paper, pens, pencils, notepads etc.), arrange for repair and maintenance of office equipment, receive, store and maintain inventory of office supplies and equipment, and send, receive and sort mail and other packages. .
6. Making travel arrangements.
7. Interaction with stakeholder and applicants of the MFP Programs.
8. Maintaining confidentiality in all aspects on the programs dealings and working.

FTEs	Continued post-MFP?	If not, why?	If continued, funding source?	MFP funding ends?	Comments
1	No	Budget constraints	NA	September 2020	